

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/							
2	/							
3	/							
4	/							
5	/							
6	/							
7	/							
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49	/							
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54	3							
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59	4							
60	4							
61								
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63								
64	3							
65								
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67								
68								
69								
70								
71								
72								
73	3							
74	9							
75	9							
76	9							
77	9							
78	9							
79	11							
80								
81								
82								
83	1							
84								
85								
86								
87								
88								
89								
90								
91	1							
92								
93								
94								
95								
96								
97	1							
98	1							
99	1							
100	1							
TOTAL IND.	7						TOTAL IND.	5
TOTAL DEP.							TOTAL DEP.	49
TOTAL CLAIMS	7						TOTAL CLAIMS	54

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4							54						
5							55						
6							56						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						